

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5218**  
Registrar's No. **55**

BIRTH NO.		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>		Registrar's No. <b>55</b>			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>INDEPENDENCE</b>		c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>2025</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEPENDENCE SANITARIUM</b>				STREET ADDRESS (If rural, give location) <b>800 WEST ST. CHARLES STREET</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>PHILLIP</b>			b. (Middle)			c. (Last) <b>MYERS</b>			
4. DATE OF DEATH		(Month) <b>FEB.</b>		(Day) <b>12,</b>		(Year) <b>1955</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB. 24, 1874</b>		9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR Months <b>18</b> Days <b>18</b> IF UNDER 24 HRS. Hours <b>18</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUILDING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SOUTHBEND, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>URIAH MYERS</b>			13b. MOTHER'S MAIDEN NAME <b>PHOEBE THATCHER</b>			14. NAME OF HUSBAND OR WIFE <b>ADA L. MYERS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. OPAL KLINE</b>		ADDRESS <b>814 W. St. CHARLES</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute cholecystitis, ascending cholangitis with hepatic abscesses; pyelonephritis; early lobular pneumonia;</b> ANTECEDENT CAUSES <b>chronic cholecystitis, atherosclerosis of aorta and coronary arteries; focal fibrous scarring of myocardium</b> DUE TO (a) <b>chronic cholecystitis</b> DUE TO (b) <b>atherosclerosis of aorta and coronary arteries; focal fibrous scarring of myocardium</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>at autopsy</b> , to <b>Feb 13</b> , 19 <b>55</b> , that I last saw the deceased <b>alive on</b> <b>10</b> , and that death occurred at <b>10</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John E. Johnson M.D.</b>				23b. ADDRESS <b>Research Hospital</b>		23c. DATE SIGNED <b>2/13/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/15/55 3:54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BUCKNER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BUCKNER, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>2-15-55</b>		REGISTRAR'S SIGNATURE <b>Emmett H. Hays</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter D. Kopy</b>		ADDRESS <b>INDEP. MO.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Walter L. Kephley*  
Licensed Embalmer No. 4225

P. O. Address. Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.